

Health Advisory: Influenza

Reporting of Influenza Related Deaths in Children

December 12, 2003

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.state.mo.us/>.

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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**Health Advisory
December 12, 2003**

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SUBJECT: Influenza – Reporting of Influenza Related Deaths in Children

Missouri has been experiencing a very early, active 2003-2004 influenza season. From October 1 to December 6, there have been reports of 2,087 laboratory-confirmed cases of influenza, 1,017 of which were reported during the last week of that period. There were 19 cases during the same time last year. The flu season in Missouri usually does not begin to peak until late December.

During this very active influenza season, the Department of Health and Senior Services (DHSS) needs your cooperation in reporting two special conditions: deaths from influenza in otherwise healthy children and encephalopathy associated with influenza in children. The news media have reported a number of deaths from influenza in otherwise healthy children. (No deaths of children have been reported in Missouri as of this date.) In addition, the Centers for Disease Control and Prevention is concerned that the U.S. may experience influenza-associated encephalopathy that has been occurring in Japan. It is important for DHSS to monitor these special conditions.

It is also important for providers to continue to report all cases of influenza including these special conditions to their local health departments.

However, in order for DHSS to be able to monitor changing situations in a timely manner and provide current information to providers, reports of these two special conditions should also be reported separately, and as soon as possible after they occur 24 hours a day, 7 days a week by calling 800-392-0272.

Please report:

The death of any child 18 years of age or under with laboratory or rapid diagnostic test evidence of acute influenza virus infection.

Any case of acute encephalopathy associated with influenza virus infection meeting the following criteria:

- 18 years of age or under;
- Altered mental status, or personality change in patient lasting more than 24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness; and
- Laboratory or rapid diagnostic test evidence of acute influenza virus infection.

Please report 24/7 to 800-392-0272.

On December 11, 2003, the Centers for Disease Control and Prevention released an update on influenza activity in the United States for the 2003-04 season in the *Morbidity and Mortality Weekly Report (MMWR)*. Because of concerns about influenza vaccine shortages, the update includes new recommendations; modified from those appearing in an earlier HAN Update released November 21, 2003. Current recommendations include:

Vaccination

- Emphasis should be placed on targeting trivalent inactivated vaccine to persons at high risk for complications from influenza: healthy children aged 6–23 months, adults aged ≥ 65 years, pregnant women in their second or third trimester during influenza season, and persons aged ≥ 2 years with underlying chronic conditions.
- Persons at high risk should be encouraged to search locally for vaccine if their usual health-care provider no longer has vaccine available.
- All children at high risk, including those aged 6–23 months, who report for vaccination should be vaccinated with a first or second dose, depending on vaccination status. Doses should not be held in reserve to ensure that two doses will be available.
- Next priority should be given to vaccinating those persons at greatest risk for transmission of disease to persons at high risk, including household contacts and health-care workers.
- Healthy persons aged 5–49 years should be encouraged to be vaccinated with intranasally administered live, attenuated influenza vaccine.
- Decisions about vaccinating healthy persons, including adults aged 50–64 years, with inactivated influenza vaccine should be made on a case-by-case basis, depending on local disease activity, vaccine coverage, feasibility, and supply.
- Health departments should work with their health-care providers to reallocate influenza vaccine to health-care providers in need when possible.

Hygiene

- Good respiratory hygiene should be encouraged, including cleaning of hands, and staying at home when symptomatic with fever and respiratory illness.

Medication

- Antiviral medications with specific activity against influenza A viruses should be considered either for treatment or chemoprophylaxis for influenza A, especially in persons at high risk for complications from influenza.

For further information on influenza, see <http://www.cdc.gov/flu/>.